

FALL 2005

PROVIDER NEWS

Two Practices Share Their Success with Open Access

Open access scheduling can boost patient satisfaction and improve access to care. What's more, many providers find they can still maintain proper patient follow-up with the right processes in place. That's been the case with two open access sites that work with Neighborhood Health Plan of Rhode Island (NHPRI).

MAKING THE CHANGE AT EAST BAY

Four years ago, East Bay Community Action Program (EBCAP) moved its East Providence site to an open access model. Although the process continues to evolve, providers have noted several positive changes with the new model.

"Open access makes for a happier patient, and our customer surveys show that," said Dennis Roy, CEO. "Besides giving patients quick access to our services, open access has helped us reduce our no-show rate from 25 percent to about 5 percent." The new model also helps the staff better address patients' urgent care needs, so they can avoid unnecessary trips to the emergency room during clinic hours.

In their model, the staff sets aside about 20 percent of the schedule for patients who require pre-booked appointments due to transportation needs, work schedules or other issues. These pre-booked appointments are scheduled for the earliest part of the day, when possible.

Because the phones are busy early in the day, the clinic added phone lines and additional staff for the morning hours. They also upgraded their practice management system to help track data.

"To ensure that patients receive proper follow-up, all patients are put on a recall list after every visit," said Sarah Fessler, MD, Medical Director at the Clinic.



*Dennis Roy,
EBCAP CEO*

STARTING FROM SQUARE ONE AT THUNDERMIST

In February 2004, Thundermist Health Center's West Warwick clinic opened using an "advanced access" model. To prepare, the staff visited other clinics that followed open access scheduling, said Stephanie McCaffrey, MSW, Vice President of Program Development and Site Director.

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PROVIDER NEWS

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*Stephanie McCaffrey,
Thundermist Site
Director*

Like other open access sites, the West Warwick site has scored very high in patient satisfaction and seen considerable drops in its no-show rate. It has also improved staff satisfaction.

“Providers feel that they have more control over their schedule,” McCaffrey said. “They do today’s work today.”

In open access, the staff needs to be empowered to direct patients to the appropriate appointment. At the West Warwick location, the staff relies on Emelie Peloquin, RN, Director of Nursing, to act as a “triage nurse.”

Patricia Tweedie, DO, on-site Medical Director, also works with the local emergency rooms to help schedule appointments at Thundermist for urgent care needs. “This can help save patients a trip to the ER,” she said. ●

Quality Partners of Rhode Island currently is hosting a statewide collaborative regarding open access scheduling. NHPRI is proud to support this initiative. Please contact Lisa Franchetti at (401) 459-6092 for more information.



NHPRI Continues to Seek Highest Level of Performance

L. McTyeire Johnston, MD, Interim Chief Medical Officer

NHPRI will undergo its third National Committee for Quality Assurance (NCQA) accreditation survey this coming fall—a process that entails rigorous on-site and off-site evaluation of more than 60 standards and selected HEDIS® performance measures. During the accreditation process, the NCQA evaluates how well a health plan manages all parts of its delivery system—physicians, hospitals, other providers and administrative services—to continuously improve health care for its members. NCQA’s accreditation standards are intended to help organizations achieve the highest level of performance possible, reduce patient risk for untoward outcomes and create an environment of continuous improvement. Some of the more recent initiatives and performance achievements NHPRI will showcase during the accreditation process are listed below.

QUALITY MANAGEMENT

- Collaborated with three Rhode Island health plans, HEALTH, Quality Partners of RI and local women’s health leaders/advocates to disseminate chlamydia screening tool kits to nurse practitioners, PCPs and OB/GYNs throughout the state.
- Distributed the Identification and Treatment of Depression in Primary Care tool kits to the network.
- Demonstrated significant improvement in the following HEDIS 2004 measures: Adolescent Immunization Status, Chlamydia Screening (Ages 16 to 20), Comprehensive Diabetes Care (HbA1c testing), Use of Appropriate Medications for Asthma (Ages 5 to 9) and Obstetrical Care.

UTILIZATION MANAGEMENT

- Conducted outreach to address frequent utilization of the Emergency Department (ED) through quarterly mailings to members using the ED for non-emergent conditions, as well as flyers and a member newsletter article explaining when to use the ED.
- Held a member focus group to assess systemic issues of ED utilization.

CREDENTIALING

- Credentialed a total of 456 practitioners, 49 PCPs and 407 specialists, and re-credentialed a total of 889 practitioners, 233 PCPs and 656 specialists.

MEMBER SERVICES

- Demonstrated improvement in CAHPS® 2004 performance, achieving 90th percentile performance for the Overall Rating of the Health Plan, and maintained high performance in Customer Service Provided by NHPRI.
- Member communications focus groups were held quarterly; lessons learned in 2004 led to the redesign of diabetes mailings, the NHPRI member identification card and the NHPRI member and provider newsletters.

The NCQA accreditation process complements and strengthens NHPRI’s ongoing and constantly evolving quality improvement activities. We appreciate providers’ support of our efforts and we continuously endeavor to involve the network and our membership at all levels. To learn more about NCQA, please visit the NCQA website at www.ncqa.org.

L. McTyeire Johnston MD

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

Claims Corner

NHPRI currently recognizes numerical modifiers for surgical procedures. Please be sure to bill with the appropriate numerical modifier for services billed.

Coding claims thoroughly and specifically, including symptoms to support any diagnostic testing, is important to ensure quick reimbursement for your office.

When coding claims, remember that consults have three key requirements, according to CPT:

- A request from another physician, either verbal or written and documented in the patient's record
- Documented exam and treatment
- A written report back to the requesting physician

CPT also requires that each of the three key elements—history, physical exam and medical decision making—meet or exceed

CPT guidelines. Once care is assumed for the patient's condition, established patient codes should be used.

Please remember to put your four- or five-digit Provider Number in addition to your four-digit Vendor Number on the HCFA-1500 form. These numbers should appear in Box 33 PIN and GRP number. This is an NHPRI requirement and claims may be denied if they are omitted.

Corrected claims may also be submitted via fax at **(401) 459-6146**. Please identify the claim as "CORRECTED," and be sure to include a cover sheet along with a contact name and telephone number.

Administrative Appeals should be clearly identified, with a hard copy of the denied claim, remittance advice or any other supporting documentation attached. Please submit appeals in writing to the Appeals Coordinator. ●

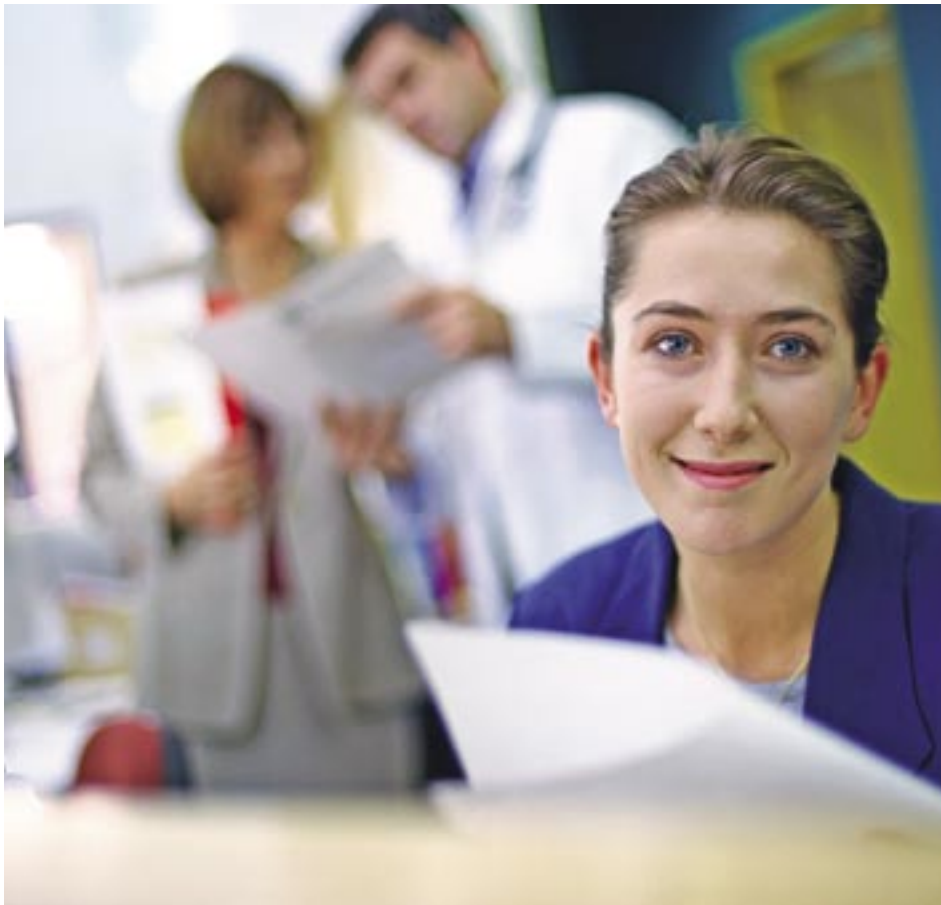


PRACTITIONERS' DOCUMENTATION EXCEEDS GOALS

NHPRI assesses primary care practitioners' compliance with medical record documentation standards every two years. The standards are accessible to practitioners in the Provider Manual. They are maintained by the health plan to ensure high-quality care characterized by safe, efficient and effective treatment. Analysis based on NHPRI's six core elements revealed that results exceeded NHPRI's performance goal in 2003, as well as in 2005.

FOR MORE INFORMATION...

If you have questions about our case management programs or your medical review authorization status, please call our Care Management Department at **1-800-963-1001**.



KIDSNET: The Tool That Measures Children's Preventive Services

KIDSNET is Rhode Island's integrated information system for children that facilitates the collection and sharing of preventive health service data with health care providers, parents, Maternal and Child Health programs and other child service providers. KIDSNET has data from approximately 135,000 children born since January 1997. Some 77 percent of those children are linked to a KIDSNET provider and have current immunization information. The remaining 23 percent are most likely in practices that are not yet participating in KIDSNET and their data are not in the system.

By March 2005, 108 of the 154 pediatric provider sites were already participating in KIDSNET, and 70 of these sites are accessing the system through the Web application that became available a year ago. Through the Web, pediatric providers can generate reports of children lacking a lead screening test and use it to ensure patients in their practice are up-to-date with lead screenings.

The most recent contract between the Medicaid agency and health plans providing care to RItE Care enrollees requires that at least 85 percent of children be tested for lead by the age of 24 months. As providers of health care for our members, NHPRI is working closely with the Department of Health's KIDSNET and Lead Programs to measure progress in this indicator. To this end, we strongly encourage providers to participate in KIDSNET and have an Internet connection available in their practices in order to use the lead screening report.

If you are already participating in KIDSNET and are using the



Web-enabled application, please generate the lead screening report at least monthly. Contact KIDSNET if you need any assistance on this.

If you are participating but don't have access to the Web-enabled application, consider getting Internet services for your practice. This will equip you to generate the lead screening report and monitor lead screening as often as you need to. Meanwhile, until December 2005, the Childhood Lead Poisoning Prevention program can prepare this report for you once a month. If you are interested, please contact Rebecca Tuttle from the program at (401) 222-5937 or rebeccat@doh.state.ri.us.

If your practice is not yet participating in KIDSNET, please contact Sue Duggan-Ball at (401) 222-1580 or suedb@doh.state.ri.us. Becoming a participating KIDSNET provider takes only two or three visits from KIDSNET representatives. It involves signing a confidentiality agreement and making available immunization histories from

all patients in your practice born on or after January 1, 1997. It also includes scheduling training for your staff and taking steps to regularly submit immunizations, either by paper or electronically.

KIDSNET provides a step-by-step process for implementing the program. They:

- schedule visits at your convenience
- make copies of the immunization histories of all the patients in your practice and enter them in the system
- respond to questions about confidentiality and uses of data
- arrange details for the submission of data
- provide training to your staff
- maintain a help desk telephone service to help you on an ongoing basis with general questions and technical assistance.

Thanks for your continuing support in our efforts to make progress toward an improved access to preventive care for the managed care population. For more information on any item in this article, please contact NHPRI's Lisa Franchetti at (401) 459-6092. ●

To view up-to-date pharmacy changes approved by NHPRI's Pharmacy and Therapeutics Committee, please visit our website at www.nhpri.org, then follow the links "For Providers" and "Pharmacy Info."

Flu Shot Recommendations

Influenza viruses cause disease among all age groups, but rates of serious illness and death are highest among people aged 65 years and older, children aged 2 years and younger and people of any age who have medical conditions that place them at increased risk for complications from influenza. Both the inactivated influenza vaccine and live attenuated influenza vaccines (LAIV) can be used to reduce the risk of contracting influenza. LAIV is approved for use among healthy people between 5 and 49 years of age. Inactivated influenza vaccine is approved for anyone 6 months of age and older, including those with high-risk conditions.

The CDC Advisory Committee on Immunization Practices (ACIP) this year released the following primary target groups recommended for annual flu vaccination:

- People at increased risk for complications from influenza:
 - Those 65 years of age and older
 - Residents of nursing homes and other chronic-care facilities
 - Adults and children who have chronic disorders of the pulmonary or cardiovascular systems, including asthma (not including hypertension)
 - Adults and children with chronic metabolic diseases, including diabetes

mellitus, hemoglobinopathies, renal dysfunction or immunosuppression

- Adults and children who have any condition that can compromise respiratory function or the handling of respiratory secretions or that can increase the risk for aspiration, such as cognitive dysfunction, spinal cord injuries, seizure disorders, other neuromuscular disorders
 - Children and adolescents between 6 months and 18 years of age who are receiving long-term aspirin therapy
 - Women who will be pregnant during the influenza season (Vaccination can be administered in any trimester.)
 - Children 6 to 23 months of age
 - People 50 to 64 years old, since this group has an increased prevalence of people with high-risk conditions
 - People who can possibly transmit influenza to anyone in an increased risk group. This includes all health care workers, caregivers and household contacts of individuals in the increased-risk group, as well as employees at assisted-living facilities.
- Neighborhood Health Plan of Rhode Island endorses the ACIP influenza vaccination recommendations. Influenza vaccine is covered by NHPRI when administered in the doctor's office. ●



GUIDELINE UPDATE

Access to NHPRI's guidelines on clinical practice, prenatal care and preventive health are available through our website at www.nhpri.org. Please note that the clinical practice guideline Management of ADHD in Children Age 5 to 18 years was revised in July 2005.

To access these guidelines at the website, click on "For Providers," then "Clinical Programs." Paper copies of all guidelines are available upon request by contacting Lisa Franchetti at (401) 459-6092.

IMPORTANT REMINDER

NHPRI practitioners may freely communicate with patients about medically necessary care or appropriate treatment alternatives, regardless of benefit coverage limitation.





REMOVAL OF AUTHORIZATION REQUIREMENT FOR IN-OFFICE PROCEDURES

In-office routine procedures considered to be covered benefits for Rlte Care members with full coverage will no longer require prior authorization, effective September 16, 2005. For the most up-to-date coverage information, please refer to the NHPRI benefit information at our website, www.nhpri.org (click on "Providers," "Administrative," "Benefit Info," and "In-Office Routine Procedures"). Our website also explains which in-office procedures do require authorization. Please note that authorization continues to be required for members with Extended Family Planning coverage. You may also call the Medical Management department at (401) 459-6060 for assistance.

Gains Seen in Member Satisfaction

Results of the HEDIS® 2005 Consumer Assessment of Health Plans (CAHPS®) Adult Medicaid survey show that satisfaction among NHPRI members remains high.

In the 2005 CAHPS survey, NHPRI continued to rank in the 90th percentile among Medicaid plans nationally in the area of Customer Service (for the fifth consecutive year) and in Rating of the Health Plan (for the second consecutive year). This year's results also marked the first time member satisfaction with How Well Doctors Communicate ranked in the 90th percentile. This follows significant improvements made in the areas of physicians' listening, explaining, spending enough time with patients and showing respect for what patients have to say.

As required by NCQA, NHPRI surveyed a random sample of adult members in spring 2005. The survey was administered to 1,755 adult Medicaid members via mail with follow-up telephone calls made to members who did not respond after two survey mailings. A total of 33 percent of members surveyed responded.

NHPRI's overall health plan rating in 2005 improved, with 81 percent of members saying they are completely or very satisfied. The survey findings also confirm that NHPRI members remain loyal, with 97 percent of respondents saying they would definitely or probably recommend NHPRI

to their family or friends.

Among Medicaid-accredited plans, NHPRI found itself repeatedly rated above national HEDIS/CAHPS mean scores for customer service, getting needed care, good communication with doctors and ratings of personal doctor or nurse and the health plan.

The CAHPS survey helps health plans identify areas of member concern and where improvements can occur. This year's survey pointed out the need for NHPRI to continue working with providers on the following measures:

- Ensuring members are getting care quickly (appointments for routine and urgent care)
- Ensuring that all members are treated with courtesy and respect
- Ensuring that members are satisfied with the overall health care experience
- Ensuring member satisfaction with care provided by specialists

NHPRI's Member Satisfaction Workgroup meets every other month to review member satisfaction issues. Additionally, NHPRI is planning to conduct its third annual Visit-Based Member Satisfaction Survey via phone in autumn 2005 to further investigate items needing improvement. Our goal is to develop interventions in partnership with our providers to improve member satisfaction.

The next CAHPS survey is scheduled to be conducted in spring 2006. ●



Communication Between Behavioral Health Providers and Primary Care Practitioners

John Colburn, Ph.D., Beacon Health Strategies

Beacon Behavioral Health and NHPRI are committed to fully integrating members' medical care with the behavioral health (BH) treatment they receive. Links among all providers (primary care, mental health and substance abuse providers) not only support member access to medical and BH services, but also reduce the occurrence of over- and under-utilization and provide coordination within the treatment delivery system.

Beacon distributes guidelines, protocols and communication forms to its contracted BH providers regarding communication with primary care practitioners (PCPs). However, and despite these efforts, NHPRI continues to receive information from PCPs that they do not receive information from BH providers to whom they refer members. In order to identify potential barriers to communication, Beacon and NHPRI conducted a study of this issue.

A sample of BH provider and PCP records was reviewed for evidence of communication.

In this study, 66 percent of the BH records contained evidence of intent to send information to the PCP. Review of PCP records indicated that 65 percent contained the BH information. We concluded that it is possible that at least one-third of BH providers may not send clinical information to the members' PCP. Additionally, BH providers who intend to send this material may not complete the process, hence the information is never received at the PCP office.

In view of these findings, Beacon and NHPRI plan to re-educate behavioral health providers about the protocols for, and importance of, communication.

In addition, Beacon recommends that PCPs making referrals send brief documentation to the BH provider, indicating the reason for referral, the member's current medical conditions and medications. PCPs also may specifically request communication from the BH provider following evaluation of the member. ●



Any comments or questions may be directed to John Colburn at Beacon, john.colburn@beaconhs.com, or Kevin Kruth at NHPRI, kkcruth@nhpri.org.

Assessment of ADHD Co-Morbidities Significantly Improves

NHPRI conducts annual medical record reviews to evaluate practitioner compliance with the clinical practice guideline called Management of ADHD in Children Age 5 to 18 Years.

Results from the fall 2004 ADHD management medical record review, examining activity in calendar year 2003, revealed significant gains and also some areas needing improvement:

- Assessment of co-morbid conditions in children with ADHD significantly increased overall from 77.6 percent in 2002 to 91.3 percent in 2003, especially in the primary care setting, which increased from 56.6 percent to 84.5 percent. Nearly all of the behavioral health records reviewed (98.7 percent) con-

tained documentation of co-morbidity assessment (up significantly from 87.6 percent in 2002).

- There was growing non-stimulant medication use found in the medical records reviewed, especially in the primary care and specialist settings. Non-stimulant use alone more than doubled from 3.1 percent to 7.9 percent. Both types of ADHD medication were indicated in 18.7 percent of records reviewed.
- Goal-setting in the home continues to be correlated with improvements seen in home behaviors and interactions with others. However, goal-setting itself occurs infrequently (in about 20 percent or fewer cases), and usually only in the behavioral health setting.

To address this issue, NHPRI cosponsored a Department of Pediatrics Grand Rounds at Rhode Island Hospital on July 29, 2005: "ADHD Update for Clinicians: Goal-Setting and Pharmacologic Management." For more information or copies of goal-setting tools, please contact Lisa Franchetti at (401) 459-6092.

Data from review of 369 medical records was categorized and analyzed by three types of practitioner managing children with ADHD: primary care practitioners, pediatric medical specialists and behavioral health practitioners. ●

Contact Lisa Franchetti at (401) 459-6092 for more information about NHPRI's ADHD program.

**REMINDER:
BILLING PRACTICES**

In their contract with Neighborhood Health Plan of Rhode Island (NHPRI), practitioners accept the NHPRI fee schedule, and therefore cannot bill or balance bill members. Other than allowable copayments or deductibles, in no event can the practitioner bill, charge or have any recourse against NHPRI members for services provided by the practitioner under their agreement with NHPRI.

Our practitioners, their staff and billing subcontractors may contact NHPRI directly with billing issues (call Delivery System Development at **(401) 459-6030** or contact your assigned Provider Relations Representative). Our Member Services department is also available to assist with member education and outreach to ensure that our members' and providers' needs are being met. Contact Member Services at **1-800-459-6019** or **1-800-963-1001**.



**Neighborhood
News**

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Helping You Support Moms-to-Be

Neighborhood Health Plan of Rhode Island can put your prenatal patients in touch with a variety of social services—at no charge. It's all part of NHPRI's comprehensive prenatal program, *Bright Start*.



**CONNECTING PATIENTS
TO SOCIAL SERVICES**

NHPRI designed *Bright Start* to help members have healthy pregnancies and healthy babies.

“Providers may be unfamiliar with the full range of community resources available for their patients’ social problems,” said Dorothy Erickson, MD, Health and Wellness Outreach Specialist at NHPRI. “By participating in the *Bright Start* program,” she added, “providers have access to case managers who can connect their patients to the services they need.”

Services available include the following:

- Nutrition support
- Transportation to and from appointments
- Smoking cessation support
- Referral to mental health providers for depression or other problems
- Treatment for substance abuse

- Housing for homeless patients
- Assistance against domestic violence

- Home care services

In addition, NHPRI can help providers promote the importance of breast-feeding in new moms and moms-to-be. Breast pumps, as well as consultations with a lactation consultant, are covered services.

“We recognize that care for pregnant women requires a team approach, and we want to help,” Dr. Erickson said.

HELP US HELP YOUR PATIENTS

Bright Start services are available to any pregnant woman who is a member of NHPRI. By participating in *Bright Start*, you can ensure that your patients who are members have access to these services.

If your site has not yet agreed to participate, it's easy to do so. Just call Dr. Erickson directly at **(401) 459-6127**. Each month, you'll receive information on your patients enrolled in *Bright Start*.

If you are already participating in *Bright Start* and need assistance with a specific patient, please call the Medical Management department at **(401) 459-6000** and ask to speak with a *Bright Start* care manager. ●

